

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/544,742 Confirmation No. 2331
Applicant (s) : Alex Kuperman et al.
Filed : April 7, 2000
TC/A.U. : 1754
Examiner : Edward M. Johnson
Title : METHOD OF PREPARING A CATALYST CONTAINING GOLD
AND TITANIUM

Docket No. : 44251
Customer No. : 00109

<p align="center">CERTIFICATION OF FACSIMILE TRANSMISSION</p> <p>I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO THE U.S. PATENT AND TRADEMARK OFFICE ON THE DATE SHOWN BELOW:</p> <p align="center">December 4, 2003</p> <p align="center">DATE OF DEPOSIT</p> <p align="center">Shari deBeauchair</p> <p align="center">PRINT OR TYPE NAME OF PERSON SIGNING CERTIFICATE</p> <p align="center"><i>Shari deBeauchair</i></p> <p align="center">SIGNATURE OF PERSON SIGNING CERTIFICATE</p> <p align="center"><i>December 4, 2003</i></p> <p align="center">DATE OF SIGNATURE</p>

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE E: RESPONSE TO FINAL REJECTION

In the above-identified patent application, responsive to the Official Action dated September 16, 2003, please amend the application as detailed hereinafter and please reconsider the claims in view of the arguments presented hereinafter.

Amendments to the Specification: None

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings: (None/Not applicable)

Remarks/Arguments begin on page 7 of this paper.

02/17/2004 TC01E1 00000007 041512 09544742

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PAGE 3/20 * RCVD AT 12/4/2003 11:17:47 AM [Eastern Standard Time] * SVR:USPT * EFXRF-1/1 * DNB:8728308 * CSD:9896362523 * DURATION (mm-ss):07-10

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 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment requiring an additional fee in the above-identified application.

The fee has been estimated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present Extra	(6) Rate	(7) Add'l Fee
Total Claims	*42	Minus	** 36	6	\$18	\$108.00
Independent Claims	*2	Minus	***3	0	\$86	\$0.00
First Presentation of Multiple Dependent Claims					\$290	\$0.00

Total additional fee for this amendment \$108.00

*If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 **If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
 ***If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

Please charge the above fee to our Account No. 04-1512. If this estimate is incorrect, please charge or credit our account accordingly. Three copies of this sheet are enclosed.

Respectfully submitted,



Marie F. Zuckerman

Registration No. 31,315

Phone: (203 248-3907)

Dated: December 3, 2003
 MFZ/sdb